



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
Prevent. Promote. Protect.

Application for Annual Public or Semi-Public Bathing Beach Permit

See below for fee calculation information

Beach Name:	
Beach Address:	
Mailing Address:	
Applicant Name:	
Applicant Title:	
Phone:	Emergency Phone:
Email 1:	Email 2:
Season Start Date:	Season End Date:
<i>Note: testing will begin the week prior to opening</i>	
Days and Hours of Beach Operation:	

Beach Permit Fee Calculation

Checks to be made payable to Town of Sturbridge

Number of weeks the beach will be open in 2024:	
Testing Fee	\$75 per week
Application and Permitting Fee	\$50 per year

$$\begin{array}{ccccccc} & & \times \$75 = & & & + \$50 & \\ \hline & & & & & & \\ \text{\# Weeks} & & \text{Testing Fee} & & \text{Testing Fee} & & \text{Total Fees} \\ & & \text{Total} & & \text{Total} & & \text{Due} \end{array}$$

☐ I have submitted a photo of the current beach sign that shows compliance with the Massachusetts Department of Public Health Regulation 105 CMR 445.000 Minimum Standards for Bathing Beaches.

☐ I have read, understand and shall abide by the requirements set forth at the Massachusetts Department of Public Health Regulation 105 CMR 445.000 Minimum Standards for Bathing Beaches.

Name and Title: _____

Signature: _____ Date: _____